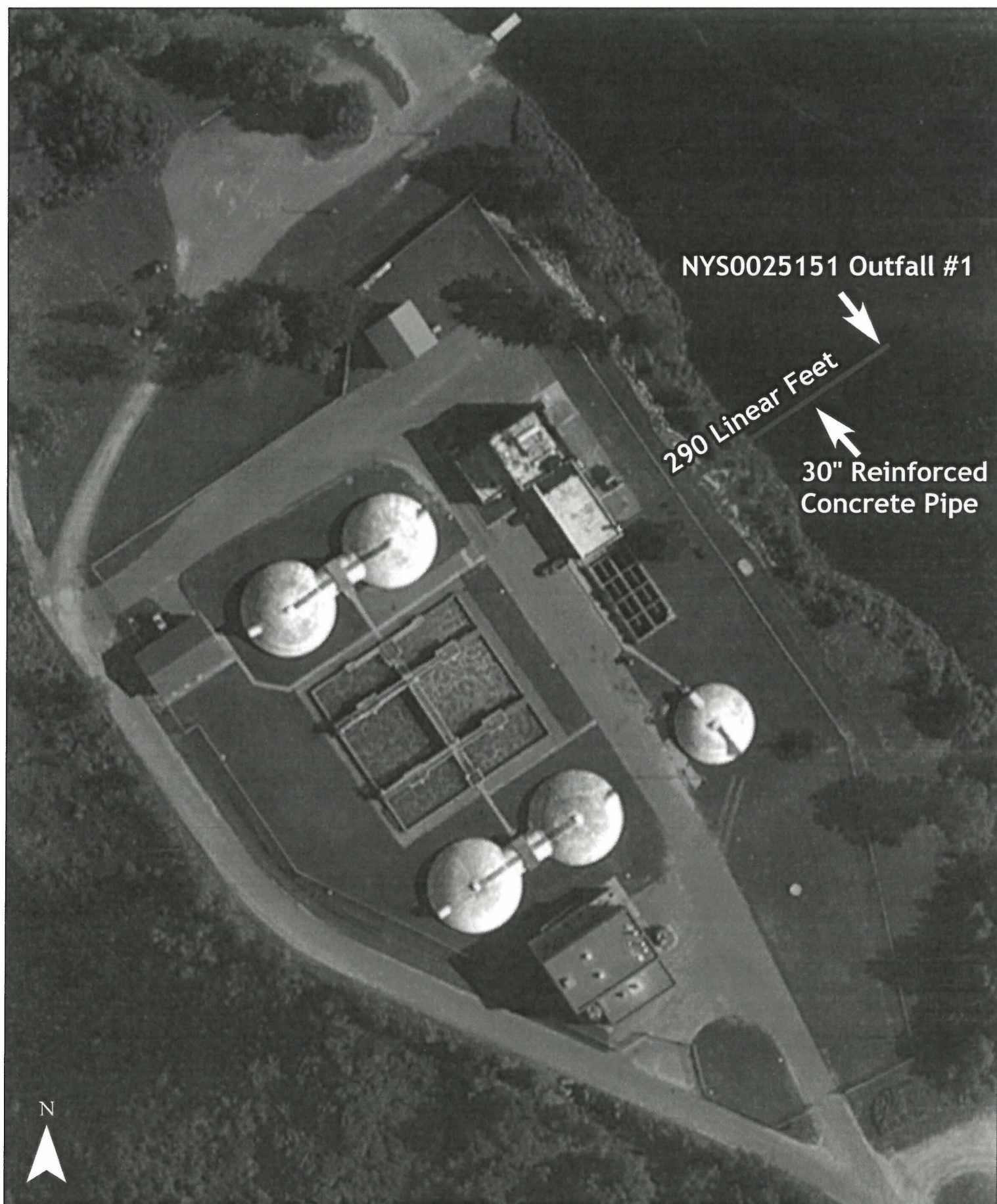


Carthage/West Carthage Wastewater Treatment Facility



ATTACHMENT

H

TH - A - 25

BLACK RIVER

- EXISTING
GROUND

WATER SURFACE
EL. 679.0 (11-20-69)

RIP RAP 180 L.F.

APPROXIMATE RIVER BOTTOM
DETERMINED FROM SOUNDINGS

ROCK AT 672.5 ±

30" DIA. RCP
INV. EL. 677.75

30" DIA. INFLUENT
SEWER
INV. EL. 668.98

30" Ø R.C.P. - 290 L.F.

30" PLUG

5 - 12" CIP
SPACE 16'-0"

12" CIP DIE
4'-0" FROM

OUTFALL SEWER PROFILE

ATTACHMENT

I



Life Science Laboratories, Inc.

Ms. Carrie Tuttle
Carthage - West Carthage WPC
P.O. Box 302
20 Hewitt Drive
West Carthage, NY 13619

Phone: (315) 767-8954
FAX: (315) 493-6415

Laboratory Analysis Report

Prepared For

Carthage - West Carthage WPC

LSL Project ID: **1401884**

Receive Date/Time: 02/11/14 14:17

Life Science Laboratories, Inc. warrants, to the best of its knowledge and belief, the accuracy of the analytical test results contained in this report, but makes no other warranty, expressed or implied, especially no warranties of merchantability or fitness for a particular purpose. By the Client's acceptance and/or use of this report, the Client agrees that LSL is hereby released from any and all liabilities, claims, damages or causes of action affecting or which may affect the Client as regards to the results contained in this report. The Client further agrees that the only remedy available to the Client in the event of proven non-conformity with the above warranty shall be for LSL to re-perform the analytical test(s) at no charge to the Client. The data contained in this report are for the exclusive use of the Client to whom it is addressed, and the release of these data to any other party, or the use of the name, trademark or service mark of Life Science Laboratories, Inc. especially for the use of advertising to the general public, is strictly prohibited without express prior written consent of Life Science Laboratories, Inc. This report may only be reproduced in its entirety. No partial duplication is allowed. The Chain of Custody document submitted with these samples is considered by LSL to be an appendix of this report and may contain specific information that pertains to the samples included in this report. The analytical result(s) in this report are only representative of the sample(s) submitted for analysis. LSL makes no claim of a sample's representativeness, or integrity, if sampling was not performed by LSL personnel.

LSL Central Lab
5854 Butternut Drive
East Syracuse, NY 13057
Tel. (315) 445-1900
Fax (315) 445-1104
NYS DOH ELAP #10248
PA DEP #68-2556

LSL North Lab
131 St. Lawrence Avenue
Waddington, NY 13694
Tel. (315) 388-4476
Fax (315) 388-4061
NYS DOH ELAP #10900

LSL Finger Lakes Lab
16 N. Main St., PO Box 424
Wayland, NY 14572
Tel. (585) 728-3320
Fax (585) 728-2711
NYS DOH ELAP #11667

LSL Southern Tier Office
Cuba, NY
Tel. (585) 968-2640

LSL MidLakes Office
Canandaigua, NY
Tel. (585) 728-3320

Reviewed by:

Date:

2/28/14

David J. Prichard, Director of Tech. Services

A copy of this report was sent to:

Bart Crary

Page 1 of 3

Date Printed:

2/27/14

- - LABORATORY ANALYSIS REPORT - -

Carthage - West Carthage WPC West Carthage, NY

Sample ID: Sludge Press LSL Sample ID: 1401884-001

Location:

Sampled: 02/06/14 9:00 Sampled By: JL

Sample Matrix: SHW as Recd, Sludge

Analytical Method Analyte	Result	Prep Method Units	Prep Date	Analysis Date & Time	Analyst Initials
(1) Corrosivity as pH, EPA 9045D Corrosivity as pH	7.2	Std. Units		2/21/14	TER
(1) EPA 1010A Ignitability Ignitability	>60	deegrees C		2/19/14	DL
(1) EPA 1311 TCLP Extraction TCLP Non-Volatile Extraction			2/25/14		MT
(1) EPA 1311 TCLP Z.H. Extraction TCLP Zero Headspace Extraction				2/18/14	MSV
(1) EPA 6010C TCLP Metals Please refer to the next page		EPA 3010A			
(1) EPA 7470A TCLP Mercury Please refer to the next page		EPA 7470A			
(1) EPA 8082A PCB's		EPA 3550C			
Aroclor-1016	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1221	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1232	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1242	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1248	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1254	<0.02	mg/kg	2/25/14	2/26/14	CRT
Aroclor-1260	<0.02	mg/kg	2/25/14	2/26/14	CRT
Surrogate (DCB)	33	%R	2/25/14	2/26/14	CRT
(1) EPA 8260C TCLP Volatiles		EPA 5030C			
Benzene	<0.05	mg/l		2/19/14	MSV
Carbon tetrachloride	<0.05	mg/l		2/19/14	MSV
Chlorobenzene	<0.05	mg/l		2/19/14	MSV
Chloroform	<0.05	mg/l		2/19/14	MSV
1,4-Dichlorobenzene	<0.05	mg/l		2/19/14	MSV
1,2-Dichloroethane	<0.05	mg/l		2/19/14	MSV
1,1-Dichloroethene	<0.05	mg/l		2/19/14	MSV
2-Butanone (MEK)	3.4	mg/l		2/19/14	MSV
Tetrachloroethene	<0.05	mg/l		2/19/14	MSV
Trichloroethene	<0.05	mg/l		2/19/14	MSV
Vinyl chloride	<0.02	mg/l		2/19/14	MSV
Surrogate (1,2-DCA-d4)	97	%R		2/19/14	MSV
Surrogate (Tol-d8)	103	%R		2/19/14	MSV
Surrogate (4-BFB)	123	%R		2/19/14	MSV
(1) EPA 9012B Reactive Cyanide		EPA 9010C			
Reactive Cyanide	<50	mg/kg		2/18/14	JJC
(1) EPA 9030A Reactive Sulfide					
Reactive Sulfide	<50	mg/kg		2/19/14	DL

Analysis performed at: (1) LSL Central Lab, (2) LSL North Lab, (3) LSL Finger Lakes Lab

**Life Science Laboratories, Inc.**

5854 Butternut Drive

East Syracuse, NY 13057

(315) 445-1900

Analytical Results

StateCertNo: 10248

CLIENT: Life Science Labs-LIMS
Project: 1401884-CarthageVillWWTP
W Order: K1402148
Matrix: SHW

Lab ID: K1402148-001A
Client Sample ID: Sludge Press
Collection Date: 02/06/14 9:00
Date Received: 02/11/14 14:17

Analyte	Result	Qual	PQL Units	DF	Date Analyzed
TCLP MERCURY					
Mercury	ND		SW1311/7470A 0.00040 mg/L	(SW7470A) 1	02/26/14 13:33
TCLP METALS BY ICP					
Arsenic	ND		SW6010C 0.50 mg/L	(SW3010A) 1	02/26/14 13:28
Barium	ND		0.50 mg/L	1	02/26/14 13:28
Cadmium	ND		0.10 mg/L	1	02/26/14 13:28
Chromium	ND		0.50 mg/L	1	02/26/14 13:28
Lead	ND		0.50 mg/L	1	02/26/14 13:28
Selenium	ND		0.10 mg/L	1	02/26/14 13:28
Silver	ND		0.50 mg/L	1	02/26/14 13:28

Qualifiers:	* Value exceeds Maximum Contaminant Level	B Analyte detected in the associated Method Blank
	E Value exceeds the instrument calibration range	H Holding times for preparation or analysis exceeded
	J Analyte detected below the PQL	ND Not Detected at the Practical Quantitation Limit (PQL)
	P Prim./Conf. column %D or RPD exceeds limit	S Spike Recovery outside accepted recovery limits

-- LABORATORY ANALYSIS REPORT --

Carthage - West Carthage WPC West Carthage, NY

Sample ID: Sludge Press LSL Sample ID: 1401884-001

Location:

Sampled: 02/06/14 9:00 Sampled By: JL

Sample Matrix: SHW as Recd, Sludge

Analytical Method	Prep Method	Prep Date	Analysis Date & Time	Analyst Initials
Analyte	Result Units			
(1) EPA 9095B Paint Filter Liquids Test				
Free Liquids	negative		2/25/14	MM
(1) SW846, 7.3 Reactivity Distillation				
Reactivity Distillation		2/18/14	2/18/14	DL

Analysis performed at: (1) LSL Central Lab, (2) LSL North Lab, (3) LSL Finger Lakes Lab



Finger Lakes Lab	So Tier Lab	Mid-Lakes Lab	Carthageville WTP
16 N Main St, PO Box 424	30 East Main St	699 S. Main St	2836
Wayland, NY 14572	Cuba, NY 14727	Canandaigua, NY 14424	
Ph# 716-728-3320	Ph# 585-968-2640	Ph# 585-396-0270	
Fax# 716-728-2711	Fax# 585-968-0906	Fax# 585-396-0377	

1401884

**Mid-Lakes Ltd.
699 S. Main
Canandaigua,
Ph# 585-396-0
Fax# 585-396-**

Carthage VillWWTP
2836

[illegible]

Carthage-WC WWTP.XLS

1401884

CarthageVillWWTP

2836

X B - SPECIAL WASTE ANALYTICAL REQUIREMENTS

ial Total PCBs < 25 ppm 500ppb dL¹**SLUDGES & RELATED WASTES**

Waste Product	Testing Requirements	Acceptable Level
POTW Grit/Screening POTW Sludge ^{2,3}	TCLP Metals TCLP Volatiles Total PCBs Reactivity Paint Filter Liquids Test Flash point/Ignitability Corrosivity	Refer to Appendix C “ < 25 ppm 500ppb dL ¹ Cyanide <250 ppm Sulfide < 500 ppm Not Present >140 °F Non-Ignitable pH >2 and < 12.5
Petroleum Derived Sludge; Other Industrial Sludge ^{2,3}	TCLP Metals TCLP Volatiles TCLP Semi-Volatiles Total PCBs Reactivity Paint Filter Liquids Test Flash point/Ignitability Corrosivity	Refer to Appendix C “ “ < 25 ppm 500ppb dL ¹ Cyanide <250 ppm Sulfide < 500 ppm Not Present >140 °F Non-Ignitable pH >2 and < 12.5
Food Processing Sludge ³	Paint Filter	Not Present

COMBUSTION RESIDUE

Waste Product	Testing Requirements	Acceptable Level
Coal Ash (Bottom & Fly Ash)	No Testing Required	N/A
Medical Incinerator Ash MSW Incinerator Ash	TCLP Metals Paint Filter	Refer to Appendix C Not Present
Refractory Material (brick, flue lining, etc.)	None, if fuel source is fossil fuel based	
	TCLP Metals, if fuel source is waste oil or if furnace is associated with an industrial process	Refer to Appendix C

METALLURGICAL PROCESS RESIDUES

Waste Product	Testing Requirements	Acceptable Level
Foundry Sand	TCLP Metals Total Phenols Paint Filter Liquids Test	Refer to Appendix C < 10 ppm Not Present
	TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used in the process	Refer to Appendix C “
Grindings / Shavings	TCLP Metals Reactivity	Refer to Appendix C Cyanide <250 ppm Sulfide < 500 ppm Not Present
	Paint Filter TCLP Volatiles TCLP Semi-Volatiles, If coolants or solvents are used	Refer to Appendix C “

ATTACHMENT

J

Carthage/ W. Carthage WPCF Monthly Effluent and Sludge Production

Year	Month	Effluent (MGD)	Sludge (Tons)
2011	January	1.015	352
	February	1.133	265
	March	2.237	405
	April	2.201	452
	May	2.231	322
	June	1.4	343
	July	0.996	325
	August	1.099	333
	September	1.076	349
	October	1.288	349
	November	1.123	356
	December	1.401	343
2012	January	1.532	346
	February	1.383	408
	March	1.687	366
	April	1.328	356
	May	1.331	398
	June	1.021	315
	July	0.902	165
	August	0.888	276
	September	1.072	257
	October	1.236	216
	November	1.006	220
	December	1.237	128
2013	January	1.236	287
	February	1.067	200
	March	1.432	283
	April	1.7	294
	May	1.055	284
	June	1.487	191
	July	1.057	236
	August	1.028	232
	September	0.881	197
	October	1.276	226
	November	1.358	193
	December	1.385	210
2014	January	1.596	148
	February	1.143	102
	March	1.311	276
	April	3.198	320
	May	1.946	228
	June	1.454	276
	July	1.133	71
	August	1.271	157
	September	1.178	276
	October	1.154	109
	November	1.33	125
	December	1.595	155
2015	January	1.422	46
	February	1.011	148
	March	1.312	432
	April	2.277	402
	May	1.182	258
	June	1.622	224
	July	1.263	252
	August	0.984	179
	September	0.953	293
	October	1.025	185
	November	1.045	157

ATTACHMENT

K

Policy Forms List

Interline

- IL-DEC (07/00) NY - Common Policy Declarations
- IL 09 35 07 02 - Exclusion of Certain Computer-Related Losses
- AG 005 NY 1013 - Signature Page
- IL-100 (07/00) NY - Common Policy Conditions
- IL 01 83 (04/98) - New York Changes - Fraud
- IL 01 85 (04/98) - New York Changes - Calculation of Premium
- IL 00 23 07 02 TIS NY - Nuclear Energy Liability Exclusion Endorsement
- IL-102 (07/08) NY - Two or More Policies or Coverage Parts or Coverage Forms
- IL 09 52 01 08 TIS - Cap On Losses From Certified Acts of Terrorism
- IL 09 85 01 08 TIS - Disclosure Pursuant To Terrorism Risk Insurance Act
- IL 02 68 11 05 TIS - New York Changes Cancellation and Nonrenewal

Property

- CP-DEC (07/00) - Commercial Property Coverage Part Declarations
- CP-SD (07/00) - Commercial Property Coverage Part Supplemental Coverages
- CP 01 33 (10/00) - New York Changes
- CP 00 10 (06/95) TIS - Building and Personal Property Coverage Form
- CP 00 90 (07/88) TIS X - Commercial Property Conditions
- CP-360 PE (09/07) NY - 360 Additional Coverage Modifications - Public Entity - Commercial Property
- CP 10 30 (06/95) TIS - Causes of Loss - Special Form
- CP-360 PE - IL (09/07) - 360 Increased Limit of Insurance
- CP 01 78 01 07 TIS - New York - Exclusion of Loss Due to Virus or Bacteria
- CP-910 PE (07/04) - Equipment Breakdown Coverage

Inland Marine

- CM-DEC (07/00) - Commercial Inland Marine Coverage Part Declarations
- CM 00 01 (06/95) TIS - Commercial Inland Marine Conditions
- CM-250 (07/00) - Equipment Protection Endorsement

General Liability

- GL-DEC (07/00) - Commercial General Liability Coverage Part Declarations
- CG 01 63 (09/99) - New York Changes - Commercial General Liability Form
- CG 00 01 (07/98) TIS - Commercial General Liability Coverage Form (Occurrence Form)
- CG 01 66 (01/96) - New York Changes - Volunteer Firefighters Exclusion
- CG 26 21 (10/91) - New York Changes - Transfer of Duties When A Limit Is Used Up
- GL-310 (07/00) - Exclusion - Coverage C - Medical Payments
- CG 01 04 (04/97) - Changes - Premium Audit
- CG 21 47 (07/98) TIS - Employment - Related Practices Exclusion
- GL-PE-2 (01/01) NY - Additional Exclusions
- GL-250 (07/00) NY - Employee Benefits Liability
- GL-300 (07/00) - Exclusion - Pollution
- GL-301 (07/00) - Exclusion - Asbestos
- GL-215 (07/00) - Governmental Subdivisions
- GL-360 PE (09/07) - 360 Additional Coverage Modifications - Public Entity - Commercial General Liability
- CG 22 50 (11/88) TIS - Exclusion - (Limited) - Failure to Supply
- GL-210 (07/00) - Limited Pollution Liability Coverage
- CG 21 70 01 08 TIS - Cap On Losses From Certified Acts Of Terrorism

Auto

CA DS 02 07 01 TIS - Business Auto Coverage Form Declarations
PF 70082.1(6/89) - Schedule Of Automobiles
CA 00 01 (07/97) TIS - Business Auto Coverage Form
CA 99 15 (12/93) TIS - Governmental Bodies Amendatory Endorsement
CA 02 25 (06/99) - New York Changes - Cancellation
CA 22 32 (02/01) - New York Mandatory Personal Injury Protection Endorsement
CA 31 07 (10/13) - New York Supplementary Uninsured-Underinsured Motorists Endorsement
CA 01 12 (06/98) - New York Changes in Business Auto, Business Auto Physical Damage, Motor Carrier and
Truckers Coverage
CA-360 PE (09/07) NY - 360 Additional Coverage Modifications - Public Entity - Business Auto
CA 22 60 (04/92) - New York Optional Basic Economic Loss Coverage
CA 22 33 (02/01) - Additional Personal Injury Protection (New York)

COMMON POLICY DECLARATIONS

Policy No. PE-4632034-00

Renewal of: -NEW-

1. NAMED INSURED AND MAILING ADDRESS

Argonaut Insurance Company

Village of Carthage/West Carthage Sewage Treatment
Plant, New York

PO Box 302

Carthage, NY 13619-0302

2. POLICY PERIOD

From 06/01/2014 To 06/01/2015

12:01 A.M. standard time at your mailing address
shown above.

3. BUSINESS DESCRIPTION

4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment. The Policy Writing Minimum Premium is.

Coverages	Premium
Commercial Property	\$11,619
Commercial Inland Marine	\$103
Commercial General Liability	\$3,479
Commercial Automobile	\$534
Total Policy Premium Payable At Inception	\$15,735

5. FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:

SEE POLICY FORMS LIST

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No. PE-4632034-00

Renewal of: -NEW-

NAMED INSURED:

Village of Carthage/West Carthage Sewage Treatment Plant, New York
PO Box 302
Carthage, NY 13619-0302

ITEM 1. POLICY PERIOD:

FROM: 06/01/2014 **TO:** 06/01/2015
12:01 A.M. standard time at your mailing address shown above.

ITEM 2. LIMITS OF INSURANCE:

BLANKET LIMIT: \$18,474,130

THE ATTACHED SCHEDULE REFERS TO SPECIFIC VALUES AT EACH LOCATION. HOWEVER, IN THE EVENT OF A LOSS THE ENTIRE BLANKET AMOUNT APPLIES.

ITEM 3. FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

SEE POLICY FORMS LIST

ITEM 4. TOTAL PREMIUM: \$11,619

New York Fire Insurance Fee \$101.76

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMERCIAL PROPERTY COVERAGE PART

SUPPLEMENTAL DECLARATIONS

Policy Number: PE-4632034-00

PREM #	Occupancy	Address	Const.
1	Sewage Treatment	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
1	\$11,518,283	\$76,381	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
1	Sludge Disposal	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
2	\$5,551,612	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
1	Blower Building	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
3	\$1,222,089	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
1 BLDG # 4	Garage	20 Hewitt Drive	Frame
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$57,038	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
2 BLDG # 1	Meter Building	West End Avenue	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$19,084	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
3 BLDG # 1	Meter Building	Champion Street West	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$1,734	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
4 BLDG # 1	Pump Station	Riverside Drive	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$8,327	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

PREM #	Occupancy	Address	Const.
5 BLDG # 1	Pump Station	Canal Street	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$19,582	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2015	4	

COMMERCIAL INLAND MARINE COVERAGE PART DECLARATIONS

Policy No. PE-4632034-00

Renewal of: -NEW-

NAMED INSURED:

Village of Carthage/West Carthage Sewage Treatment Plant, New York
PO Box 302
Carthage, NY 13619-0302

ITEM 1. POLICY PERIOD:

FROM: 06/01/2014 **TO:** 06/01/2015
12:01 A.M. standard time at your mailing address shown above.

ITEM 2. LIMITS OF INSURANCE:

PLEASE REFER TO THE ATTACHED SCHEDULES FOR SPECIFIC INFORMATION REGARDING THE COVERAGES AND LIMITS OF INSURANCE PROVIDED AT EACH LOCATION.

ITEM 3. DEDUCTIBLE: See Applicable Endorsement

ITEM 4. RATES AND PREMIUMS:

Reporting		Non-Reporting	
_____	Rate	\$ _____	Rate
_____	Premium Adjustment Period	\$ _____	Minimum Premium
_____	Reporting Period		
\$ _____	Deposit Premium		
\$ _____	Minimum Premium		

ITEM 5. FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

SEE POLICY FORMS LIST

ITEM 6. PREMIUM FOR THIS COVERAGE PART: \$103

EQUIPMENT PROTECTION ENDORSEMENT

The limits of insurance, deductibles, insuring agreements, exclusions, special conditions, additional conditions and other terms of this endorsement shall apply only as specified. None of the provisions, stipulations and other terms of the policy to which this endorsement is attached shall apply to insurance provided hereunder.

PART I – LIMITS OF INSURANCE AND DEDUCTIBLES

Insurance is provided under this endorsement only where an amount of insurance is shown and per schedule attached or with Company.

	CATEGORY	LIMIT	DEDUCTIBLE
A.	General office equipment - city clerk, tax records, voting machines		
B.	Airport authority equipment		
C.	Library, Museum, Art Gallery		
D.	Emergency Services equipment		
E.	Parks & Recreation equipment		
F.	Water Purification, Waste Water Treatment Plant equipment	\$12,000	\$250
G.	Street Department, Highway Department equipment		
H.	School Department equipment		
I.	Miscellaneous equipment		
J.	Computer equipment		
K.	Communications equipment		
	TOTAL	\$12,000	

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONSPolicy No. PE-4632034-00Renewal of: -NEW-

NAMED INSURED:

Village of Carthage/West Carthage Sewage Treatment Plant, New York
PO Box 302
Carthage, NY 13619-0302

ITEM 1. POLICY PERIOD:

FROM: 06/01/2014 **TO:** 06/01/2015
12:01 A.M. standard time at your mailing address shown above.

ITEM 2. LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	<u>\$3,000,000</u>
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	<u>\$3,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	<u>\$1,000,000</u>
EACH OCCURRENCE LIMIT	<u>\$1,000,000</u>
DAMAGE TO PREMISES RENTED TO YOU LIMIT	<u>\$100,000</u>
EMPLOYEE BENEFITS	<u>INCLUDED</u>
MEDICAL PAYMENTS (Any One Person)	<u>NO COVERAGE</u>

ITEM 3. RETROACTIVE DATE (if applicable):**ITEM 4. FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:**

SEE POLICY FORMS LIST

ITEM 5. TOTAL ADVANCE PREMIUM FOR THIS COVERAGE PART: \$3,479

ARGONAUT INSURANCE COMPANY

BUSINESS AUTO COVERAGE FORM DECLARATIONS

ITEM ONE

NAMED INSURED: Village of Carthage/West Carthage Sewage
Treatment Plant, New York
PO Box 302
Carthage, NY 13619-0302

POLICY NO.: BA-4632034-00

RENEWAL OF: -NEW-

POLICY PERIOD: From 06/01/2014 to 06/01/2015 at 12:01 A.M. Standard Time at your mailing address

FORM OF BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☒ OTHER Water/Sewer

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form or Item Sev- en of the Declarations shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1	\$1,000,000	INCL
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ NIL DED.	INCL
ADDITIONAL PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)	5	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	INCL
OPTIONAL BASIC ECO- NOMIC LOSS COVERAGE (OBEL)	5	\$25,000	INCL
AGGREGATE NO-FAULT BENEFITS AVAILABLE			
MAXIMUM MONTHLY WORK LOSS			
DEATH BENEFIT			
OTHER NECESSARY EX- PENSES			
AUTO MEDICAL PAYMENTS			
UNINSURED MOTORISTS			
SUPPLEMENTARY UNIN- SURED/UNDERINSURED MOTORISTS +	6	\$1,000,000	INCL
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	10	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$VRS DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	INCL

+ The maximum amount payable under SUM coverage will be the policy's SUM limits reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SUM endorsement.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE	10	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$VRS DED. FOR EACH COVERED AUTO. See ITEM FOUR for Hired Or Borrowed "Autos".	INCL
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ For Each Disablement Of A Private Passenger "Auto".	
PREMIUM FOR ENDORSEMENTS			
*ESTIMATED TOTAL PREMIUM			\$534
N.Y. MOTOR VEHICLE ENFORCEMENT FEE			\$10.00

*This policy may be subject to final audit.

ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION			PURCHASED		TERRITORY			
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged			
1	See PF70082.1 (07/01) TIS			\$	\$				
2				\$	\$				
3				\$	\$				
4				\$	\$				
5				\$	\$				
Covered Auto No.	CLASSIFICATION								
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
1					Liab.	Phy. Dam.			
2									
3									
4									
5									

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)	
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.I.P. End. Minus Deductible Shown Below	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$			\$

Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	AUTO MEDICAL PAYMENTS						
	Limit	Premium					
1	\$	\$					
2	\$	\$					
3	\$	\$					
4	\$	\$					
5	\$	\$					
Total Premium		\$					

Covered Auto No.	COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)						
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$			\$		\$

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
NY	\$ IF ANY	\$		\$ INCL.
TOTAL PREMIUM				\$ INCL.

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25 DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than A Social Service Agency	Number Of Employees	0 – 25	\$INCL.
	Number Of Partners		\$
Social Service Agency	Number Of Employees		\$
	Number Of Volunteers		\$
TOTAL			\$INCL.

ITEM SIX**SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS**

ESTIMATED YEARLY <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 Of Gross Receipts <input type="checkbox"/> Per Mile			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL PREMIUMS			\$	\$
MINIMUM PREMIUMS			\$	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

ITEM SEVEN - DESCRIPTION OF SYMBOL "10" FOR COMPREHENSIVE AND COLLISION COVERAGE UNDER PHYSICAL DAMAGE COVERAGE:

Physical Damage is provided only for those "autos" you own and that meet the requirements listed below. This includes those "autos" you acquire ownership of after the policy begins. You must tell us within 30 days after you acquire the "auto" that you want us to cover it for Physical Damage coverage.

1. New "autos", or
2. "Autos" which replace those you previously owned that had Physical Damage coverage.

SCHEDULE OF AUTOMOBILES

Coverage is afforded only where indicated by a "YES"

Description of the Automobile and Facts Respecting its Purchase by the Named Insured:

Attached to and forming part of Policy Number: BA-4632034-00 Effective Date: 06/01/2014

Vehicle #	Description		VIN	Class Code
1	2008 Ford F250 Super Duty		3060	011-990
	Value	Comprehensive	Collision	Specified Perils
	\$30,733	\$500	\$500	No
	Liability	UM/UIM	PIP/Med Pay	Loss Payee
	Yes	Yes	Yes/No	No

ATTACHMENT

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Policy Forms List

Interline

- IL-DEC (07/00) NY - Common Policy Declarations
- IL 09 35 07 02 - Exclusion of Certain Computer-Related Losses
- AG 005 NY 1013 - Signature Page
- IL-100 (07/00) NY - Common Policy Conditions
- IL 01 83 (04/98) - New York Changes - Fraud
- IL 01 85 (04/98) - New York Changes - Calculation of Premium
- IL 00 23 07 02 TIS NY - Nuclear Energy Liability Exclusion Endorsement
- IL-102 (07/08) NY - Two or More Policies or Coverage Parts or Coverage Forms
- IL 09 52 01 15 - Cap on Losses from Certified Acts of Terrorism
- IL 09 85 01 15 - Disclosure Pursuant To Terrorism Risk Insurance Act
- IL 02 68 11 05 TIS - New York Changes Cancellation and Nonrenewal

Property

- CP-DEC (07/00) - Commercial Property Coverage Part Declarations
- CP-SD (07/00) - Commercial Property Coverage Part Supplemental Coverages
- CP 01 33 (10/00) - New York Changes
- CP 00 10 (06/95) TIS - Building and Personal Property Coverage Form
- CP 00 90 (07/88) TIS X - Commercial Property Conditions
- CP-360 PE (09/07) NY - 360 Additional Coverage Modifications - Public Entity - Commercial Property
- CP 10 30 (06/95) TIS - Causes of Loss - Special Form
- CP-360 PE - IL (09/07) - 360 Increased Limit of Insurance
- CP 01 78 01 07 TIS - New York - Exclusion of Loss Due to Virus or Bacteria
- CP-910 PE (07/04) - Equipment Breakdown Coverage

Inland Marine

- CM-DEC (07/00) - Commercial Inland Marine Coverage Part Declarations
- CM 00 01 (06/95) TIS - Commercial Inland Marine Conditions
- CM-250 (07/00) - Equipment Protection Endorsement

General Liability

- GL-DEC (07/00) - Commercial General Liability Coverage Part Declarations
- CG 01 63 (09/99) - New York Changes - Commercial General Liability Form
- CG 00 01 (07/98) TIS - Commercial General Liability Coverage Form (Occurrence Form)
- CG 01 66 (01/96) - New York Changes - Volunteer Firefighters Exclusion
- CG 26 21 (10/91) - New York Changes - Transfer of Duties When A Limit Is Used Up
- GL-310 (07/00) - Exclusion - Coverage C - Medical Payments
- CG 01 04 (04/97) - Changes - Premium Audit
- CG 21 47 (07/98) TIS - Employment - Related Practices Exclusion
- GL-PE-2 (01/01) NY - Additional Exclusions
- GL-250 (07/00) NY - Employee Benefits Liability
- GL-300 (07/00) - Exclusion - Pollution
- GL-301 (07/00) - Exclusion - Asbestos
- GL-215 (07/00) - Governmental Subdivisions
- GL-360 PE (09/07) - 360 Additional Coverage Modifications - Public Entity - Commercial General Liability
- CG 22 50 (11/88) TIS - Exclusion - (Limited) - Failure to Supply
- GL-210 (07/00) - Limited Pollution Liability Coverage
- CG 21 71 01 15 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Cap on Losses from Certified Acts of Terrorism

Auto

CA DS 02 07 01 TIS - Business Auto Coverage Form Declarations
PF 70082.1(6/89) - Schedule Of Automobiles
CA 00 01 (07/97) TIS - Business Auto Coverage Form
CA 99 15 (12/93) TIS - Governmental Bodies Amendatory Endorsement
CA 02 25 (06/99) - New York Changes - Cancellation
CA 22 32 (02/01) - New York Mandatory Personal Injury Protection Endorsement
CA 31 07 (10/13) - New York Supplementary Uninsured-Underinsured Motorists Endorsement
CA 01 12 (06/98) - New York Changes in Business Auto, Business Auto Physical Damage, Motor Carrier and
Truckers Coverage
CA-360 PE (09/07) NY - 360 Additional Coverage Modifications - Public Entity - Business Auto
CA 22 60 (04/92) - New York Optional Basic Economic Loss Coverage
CA 22 33 (02/01) - Additional Personal Injury Protection (New York)

COMMON POLICY DECLARATIONSPolicy No. PE-4632034-01Renewal of: PE-4632034-00

1. NAMED INSURED AND MAILING ADDRESS

Argonaut Insurance Company

Village of Carthage/West Carthage Sewage Treatment
Plant, New York

PO Box 302

Carthage, NY 13619-0302

2. POLICY PERIODFrom 06/01/2015 To 06/01/201612:01 A.M. standard time at your mailing address
shown above.**3. BUSINESS DESCRIPTION**

4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following Coverage Parts for which a premium is indicated. This premium may be subject to adjustment. The Policy Writing Minimum Premium is.

Coverages	Premium
Commercial Property	\$12,084
Commercial Inland Marine	\$103
Commercial General Liability	\$3,525
Commercial Automobile	\$495
Total Policy Premium Payable At Inception	\$16,207

5. FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:SEE POLICY FORMS LIST

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS

Policy No. PE-4632034-01

Renewal of: PE-4632034-00

NAMED INSURED:

Village of Carthage/West Carthage Sewage Treatment Plant, New York
PO Box 302
Carthage, NY 13619-0302

ITEM 1. POLICY PERIOD:

FROM: 06/01/2015 **TO:** 06/01/2016
12:01 A.M. standard time at your mailing address shown above.

ITEM 2. LIMITS OF INSURANCE:

BLANKET LIMIT: \$19,213,094

THE ATTACHED SCHEDULE REFERS TO SPECIFIC VALUES AT EACH LOCATION. HOWEVER, IN THE EVENT OF A LOSS THE ENTIRE BLANKET AMOUNT APPLIES.

ITEM 3. FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:

SEE POLICY FORMS LIST

ITEM 4. TOTAL PREMIUM \$12,084

New York Fire Insurance Fee \$106.18

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY
COMMERCIAL PROPERTY COVERAGE PART
SUPPLEMENTAL DECLARATIONS

Policy Number: PE-4632034-01

PREM #	Occupancy	Address	Const.
1	Sewage Treatment	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
1	\$11,979,014	\$79,436	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
1	Sludge Disposal	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
2	\$5,773,676	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
1	Blower Building	20 Hewitt Drive	NC
BLDG #	Building Limit of Insurance	Personal Property Limit of Coverage	
3	\$1,270,973	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
1 BLDG # 4	Garage	20 Hewitt Drive	Frame
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$59,320	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
2 BLDG # 1	Meter Building	West End Avenue	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$19,847	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
3 BLDG # 1	Meter Building	Champion Street West	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$1,803	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	

PREM #	Occupancy	Address	Const.
4 BLDG # 1	Pump Station	Riverside Drive	NC
	Building Limit of Insurance	Personal Property Limit of Coverage	
	\$8,660	\$0	
	Cause of Loss	Co Insurance Percentage	
	Special	Agreed Amount	
	Value Option	Deductible	Mortgage
	RC	\$5,000	No
	Agreed Value Expiration Date	Inflation Guard %	
	06/01/2016	4	